

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10040915 FILING DATE 01-05-62.

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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37	I					
38	I					
39	I					
40	I					
41	I					
42	I					
43	I					
44	I					
45	I					
46	I					
47	I					
48	I					
49	I					
50	I					
TOTAL IND.	5					
TOTAL DEP.	19	↓	↓	↓	↓	↓
TOTAL CLAIMS	29					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55	/					
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96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	24	↓	↓	↓	↓	↓
TOTAL CLAIMS	29					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS